

Grant County Zoning
Terry Loeffelholz, Administrator
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(608) 723-2848 Fax: (608) 723-6792

ZONING PERMIT APPLICATION #
THIS PERMIT IS GOOD FOR 1 YEAR FROM THE ISSUED DATE:

DATE ISSUED: _____ **DATE EXPIRES:** _____

TO THE GRANT COUNTY ZONING ADMINISTRATOR: The undersigned hereby makes application for a Grant County Zoning Permit for Work described and located herein. The undersigned is responsible for all work/improvements (described in this application) to be done in accordance with the requirements of the Grant County Zoning Ordinance and all other applicable township and county ordinances and the laws of the State of Wisconsin. Failure to comply with these requirements is a violation of the Grant County Zoning Ordinance.

NEW HOMES: Before the Zoning Permit can be issued a Sanitation permit also needs to be issued from the Grant County Sanitation office.

Owner: _____ Phone #: _____

Mailing Address: _____

WORK TO BE DONE: describe dimension of structure or work to be done (**Provide sketch on back of this form**).

Number of Bedrooms: _____ **Number of Stories:** _____ **Walk out basement:** _____ **Square ft:** _____

Name of Builder: _____

FEE SCHEDULE: is based upon the value of the proposed construction/improvement to the property with a cost of \$1.00 per \$1,000.00 of the construction, with a minimum of \$25.00. (Example: If the construction cost \$208,000 it will cost you \$208.00.)

VALUE OF WORK/IMPROVEMENT: \$ _____, **FEE ENCLOSED:** \$ _____

Owner Signature: _____ **Date:** _____

OFFICE USE ONLY

Township: _____ Zoning District: _____

Legal Desc: SEC. _____ T _____ N _____ R _____ W _____ Tax parcel: # _____

Sub Division: _____ Road: _____

Minimum Setback Requirements: Side Yard _____ Ft. Rear Yard _____ Ft.

Front Yard _____ Ft. Center of Street/Road _____ Ft.

Date paid: _____ Terry Loeffelholz: _____

PARCEL SKETCH

Please provide a drawing showing the **distances** from the property line, septic tank, drain field, well, and also show the driveway coming off of the public road to the improvements:

- **Structure/improvement being applied for in this application**
- **Existing structures (label) on your property**
- **Other structures (label) within 1000 feet of your property.**
- **Name of road coming off of for new structures.**

Rear Lot Line
NORTH



SOUTH
Front Lot Line

Fire#/Address of Property: _____

Township & location of work being done: _____

Tax Parcel number (if known): _____

Do you currently own this property? ☐ Yes ☐ No

wd/zp appl